



APPLICATION NO. _____

New

Revision _____

BUILDING STANDARDS PERMIT COVER SHEET

ALL applicants are required to complete appropriate **Permit Application & Checklist** for specific application type.

APPLICATION TYPE

| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> SIGNAGE |
|---|--|--|
| <input type="checkbox"/> Site Only <input type="checkbox"/> New Building <input type="checkbox"/> Building Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Building Removal <input type="checkbox"/> Other | <input type="checkbox"/> Walk Thru Attach Eligibility Worksheet (Form BLD-246) <input type="checkbox"/> Not a Phased Request <input type="checkbox"/> Phased Request Attach OBC Phased Plan Approval (Form BLD-240 or Equivalent) | <input type="checkbox"/> New Building <input type="checkbox"/> Building Addition <input type="checkbox"/> Alteration / Remodel <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Basement Finish <input type="checkbox"/> Deck <input type="checkbox"/> Screened Porch <input type="checkbox"/> Pool <input type="checkbox"/> Building Removal <input type="checkbox"/> Other |
| FIRE PROTECTION Commercial <input type="checkbox"/> Suppression <input type="checkbox"/> Alarm <input type="checkbox"/> Other Residential <input type="checkbox"/> Suppression <input type="checkbox"/> Alarm <input type="checkbox"/> Other | ELECTRICAL <input type="checkbox"/> Commercial <input type="checkbox"/> Residential | HVAC <input type="checkbox"/> Commercial <input type="checkbox"/> Residential |
| GAS PIPING <input type="checkbox"/> Commercial <input type="checkbox"/> Residential | | |

| | |
|----------------------------------|------|
| Applicant's Name / Number | |
| Signature | Date |

FIRE PROTECTION APPLICATION

FIRE PROTECTION

| | |
|---|--|
| <input type="checkbox"/> ASSOCIATED BUILDING PERMIT NUMBER: | |
| <input type="checkbox"/> NO PENDING BUILDING PERMIT | |
| Project Name | |
| Project Address | |
| Project Unit / Suite Number | |
| Fire Detection & Alarm System (Number of each) | Suppression System (Number of each) |
| Detectors | Standpipes |
| Visible Alarms | On Site Water Piping |
| Audible Alarms | Sprinkler Heads |
| Manual Fire Alarm Boxes | Limited Area |
| Other | Other |

FEES

| FIRE PROTECTION | QTY | SUBTOTAL |
|---|-----------------------|----------|
| \$370.00 Fire Detection / Suppression Permit Processing Fee | \$370.00 Flat Fee | |
| \$40.00 Low Voltage Permit (Detection ONLY) Minimum Fee | \$40.00 Minimum Fee | |
| \$35.00 each 1,000 SQ FT (or fraction thereof over 1,000 SQ FT) | \$35.00 / 1,000 SQ FT | |
| Outside Plan Review Services | \$60.00 / hour | |
| State Surcharge | 3% | |
| Revision Fee | \$125.00 / hour | |
| TOTAL FEE DUE | | |

PROPERTY REPRESENTATIVE / CONTACT (PRINT)

This permit is granted on the express condition that said work shall in all respects, conform to the ordinances of the City of Dublin and all laws of the State of Ohio regulating construction, installation, repair and alteration and may be revoked at any time upon violation of any provisions of said laws. This permit conveys no right to open any street, alley or sidewalk or any part thereof, nor to make any connection to a water main.

| | |
|--|-----------------------------|
| Fire Protection Contractor Name | |
| Corporate / Company Name | |
| Address | |
| City, State, Zip Code | |
| Telephone | Email |
| Dublin Registration # | State Certificate |
| Author of Drawings | State Certificate / License |
| Installer Name | State Certificate / License |
| Project Representative / Contact Name | |
| Signature | Date |

FOR OFFICIAL USE ONLY

| ATTACH FIRE PROTECTION SYSTEM REVIEW | | | | |
|--------------------------------------|------|-------|-------|-------|
| REVIEWED BY | DATE | REV 1 | REV 2 | REV 3 |
| Fire Department | | | | |
| Plans Examiner | | | | |
| Issued by CBO | | | | |